

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **10583**

FILED APR 4 1940  
Registration District No. **1346**

Primary Registration District No. **4090**

Registrar's No. **17**

1. PLACE OF DEATH:

(a) County **Cass**  
(b) City or town **Harrisonville**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **Harrisonville Hosp.**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **5 days** (Specify whether  
In this community  
years, months or days) **1 7**

8. (a) PRINT

FULL NAME **Mrs. Cora Thompson**

8. (b) If veteran,

name war

8. (c) Social Security

No.

4. Sex **F**

5. Color or race **wh**

6. (a) Single, widowed, married, divorced **widow**

6. (b) Name of husband or wife **John**

6. (c) Age of husband or wife if alive years

7. Birth date of deceased **Sept 19 1866**  
(Month) (Day) (Year)

8. AGE:

Years

Months

Days

If less than one day

**73**

**6**

**17**

hr. min.

9. Birthplace

**Hardin Co., Kentucky**

(City, town, or county)

(State or foreign country)

10. Usual occupation

**Housewife**

11. Industry or business

**Housewife**

12. Name

**Robert Thomas**

13. Birthplace

**Unknown**

(City, town, or county)

(State or foreign country)

14. Maiden name

**Unknown**

**James**

15. Birthplace

**Unknown**

(City, town, or county)

(State or foreign country)

16. (a) Informant

**Miss Bell Holt**

(b) Address

**La Ford, Mo**

17. (a)

**Burial**

(b) Date thereof

**4-2-40**

(Burial, cremation, or removal)

(Month) (Day) (Year)

(c) Place: burial or cremation

**Burial Freeman, Mo**

18. (a) Signature of funeral director

**R. E. Myers**

(b) Address

**Cleveland Mo 845**

19. (a)

**3-31-40**

(b)

**Beckusley**

(Date received local registrar)

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Cass**  
(c) City or town **Freeman**  
(If outside city or town limits, write "RURAL")  
(d) Street No.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **3** day **31**  
year **1940** hour **2:35** minute **35** P. M.

21. I hereby certify that I attended the deceased from **Jan 1938**  
that I last saw her alive on **3-31**  
and that death occurred on the date and hour stated above.  
Immediate cause of death **Artemia**

Due to **Malignant Colon Metastases to Liver**

Due to **4-10**

Other conditions **Acute Secondary Anemia**  
(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)  
(b) Date of occurrence  
(c) Where did injury occur? (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work?

(Specify type of place)

(e) Means of injury

23. Signature

**Beckusley**

(M. D. or other)

Address

**Harrisonville**

Date signed **3/31/40**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

---

---

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**